
INCIDENT REPORT FORM

Contact Information:

Name: _____

Home phone: _____ Mobile phone: _____

E-mail address: _____

Mailing address: _____

Description of Alleged Incident:

Date(s) of alleged abuse or neglect: _____

Time(s) of alleged abuse or neglect: _____

Location(s) of alleged abuse or neglect: _____

List any witness(es): _____

Describe the abuse or neglect as clearly as possible, including names of individuals involved and any District policy or law you think may have been violated. (Attach additional pages if more space is needed.)

Signature: _____ Date: _____

Print Name: _____

cc: Executive Director for Special Education
 Director for Special Education
 Assistant Superintendent for Curriculum and Instruction
 Director for School Safety
 Deputy Superintendent